DIVISION OF RHEUMATOLOGY
NEW FRONTIERS
2020 ANNUAL REPORT

Leading in education, therapeutic approaches and innovative research
A message from the chief

Dear Colleagues, Patients and Supporters,

The year 2020 has made it difficult to see the future — or even next week — with any clarity. The pandemic has had a profound impact on all of us, especially health care professionals. While juggling the risks of COVID-19, isolation, masks, Zoom and telephone visits and virtual meetings, we have adapted and been forever changed. Given that COVID-19 has profound effects on the immune system, we, too, have been thrust into the spotlight along with many of our common medications including hydroxychloroquine, steroids, tocilizumab and TNF inhibitors. Our very own Dr. Ted Mikuls continues to lead the American College of Rheumatology Task Force to better understand the effects of COVID-19 on our patients and on interactions with our medications. Despite all of these challenges, our commitment to provide both innovative research and clinical care for our patients and top-tier educational programs for our students, residents and fellows will not change.

As you read this issue of our biennial report, I hope you will be as impressed as I am with the accomplishment of our faculty during these difficult times. Highlights of the past two years include:

- Hiring two new faculty members, Drs. Bryant England and Jennifer Medlin, who make us better every day (more on page 14);
- Completing enrollment for one of the world’s largest gout trials (more on page 12);
- Receiving numerous teaching, research and mentoring awards (more on page 16);
- Creating combined clinics in rheumatology/dermatology and rheumatology/interstitial lung disease (see page 10); and
- Expanding our award-winning fellowship, which leads the nation in board pass rates (see page 4).

Importantly, none of our accomplishments would be possible without all of you. Our relationships with our colleagues and patients enrich and inspire our lives daily. Your support allows us to continue to push forward with our research and educational missions. I sincerely hope you enjoy reviewing all you have helped us accomplish together.

With profound gratitude,

James R. O’Dell, MD
Chief, Division of Rheumatology
Professor of Internal Medicine

This newsletter is produced by the Division of Rheumatology at the University of Nebraska Medical Center and is available online for download at unmc.edu/intmed/divisions/rheum

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Please note: All photos for this edition were taken prior to March 2020.
The University of Nebraska Medical Center Division of Rheumatology is a national and international leader in the diagnosis and treatment of diseases that affect the joints, connective tissues, and autoimmune diseases while educating the next generation. We provide state-of-the-art clinical care, top-notch education, and discover breakthroughs with our research of rheumatic diseases with special expertise in rheumatoid arthritis, gout, systemic lupus erythematosus, myositis, scleroderma, autoimmune lung diseases and Raynaud’s phenomenon.

Private donations have been and will continue to be critical to move our work forward. One terrific example of this has been the development of the Nebraska Arthritis Outcomes Research Center (NAORC). This funding has directly supported the world renowned Rheumatology Arthritis Investigational Network (RAIN) along with the first-of-its-kind VA Rheumatoid Arthritis Registry (VARA) to allow us to develop new ways of improving the quality of life for our patients.

With our talented and diverse faculty we are positioned well to leverage resources into the next generation of breakthroughs that will benefit our patients with rheumatic disease.
In Nebraska last year, more than 14,000 patient encounters were made through UNMC’s rheumatology clinics. As the largest rheumatology division in the state, UNMC continues to expand on its main clinics by providing additional care opportunities through specialty clinics for rare rheumatic diseases and outreach clinics and telemedicine options for rural patients.

In the Omaha metropolitan area, three locations offer care for all rheumatic diseases, while specialty clinics exist to focus on the rarest diseases. These clinics help deliver advanced diagnostics and disease management to patients with these conditions. Currently, specialty clinics exist in scleroderma, myositis and lupus. In addition, the division participates in a combined rheumatology-pulmonology clinic focusing on autoimmune lung disease and a rheumatology-dermatology clinic for autoimmune skin disease.

While all rheumatologists are trained to care for patients with the diseases studied at the specialty clinics, Dr. Snow said the focused environment allows for providers to see more of one condition and to more readily offer the latest and newest advances in treatment. Clinics with more than one specialty also provide a unique opportunity for care.

“The combined clinics allow a patient to be seen by two specialties in a single trip,” Dr. Snow said. “This patient-centric set up allows close collaboration and a more coordinated approach to diagnosis and treatment.”

Outreach clinics in Nebraska are located in Falls City and West Point while increasing telemedicine access to patients across the state. In these locations, patients who would normally have to travel 100 or
more miles to the UNMC main campus are provided with local care or have an arrangement that includes both in-person evaluation in Omaha alternating with telemedicine appointments. Alan Erickson, MD, visits the Falls City and West Point clinics once each month and Marcus Snow, MD, has established a telemedicine presence in the rural areas.

“In a state as large as Nebraska, access to care is a big issue for those who live in the more rural areas,” Dr. Snow said. “We try to minimize this impact with our outreach and telemedicine clinics.”

Throughout all rheumatology clinics, patient registries are being built to develop observational studies of conditions over time. Specialty clinics also participate in building up a bio bank containing patient serum and blood samples. The bank creates a resource for researchers that will be available for years to come to help further understand rheumatic disease.
The division of rheumatology is dedicated not only to providing the best education for rheumatologists, but also to training more of them to address the expanding national shortage. Unfortunately, our patients see the impact of this shortage with delays in getting their rheumatic disease correctly diagnosed and effectively treated. In Omaha, the need for rheumatologic care is expected to grow by at least 25% over the next five years. Further, many local rheumatologists have recently or will soon retire. By growing the number of rheumatologists we are training, the division seeks to meet this challenge. Over the next two years, the division will increase the size of its fellowship program from two fellows per year to three, for a full complement of six at one time. “The division embraces the opportunity to train more exceptional rheumatologists,” said Amy Cannella, MD, MS, who is a newly promoted professor of internal medicine and fellowship program director since its inception in 2006. Of 114 rheumatology fellowship programs nationwide in 2019, only 28 had three or more fellows a year. Therefore, with this new increase UNMC will become one of the larger programs in the country. “Fortunately, the need for expansion comes at a time when the number of talented applicants has increased dramatically. It remains critically important to us that the quality of people we train stay at the highest level,” Dr. O’Dell noted. “Our specialty has workforce issues looming with retirements on a trajectory to outpace new trainees,
“We are training the next generation of physicians. But, if we also end up getting students to pick our specialty, who wouldn’t have otherwise done so, that’s a tremendous win.”

— Amy Cannella, MD, MS

Rheumatology division plays a central role in medical school education

As medical education changes and adapts to the needs of patients and students, the UNMC Division of Rheumatology has had a critical role in helping train physicians for the future.

In 2017, UNMC began a full curriculum redesign dubbed “Training the Physicians of Tomorrow.” Division faculty assisted in the redesign, while also developing the day-to-day experiences for medical students.

The division’s involvement included important leadership positions held by Alan Erickson, MD, associate professor, and Gerald Moore, MD, professor, in the College of Medicine. Dr. Erickson is assistant dean of student affairs and Dr. Moore is senior associate dean for academic affairs.

In addition, division faculty teach students in the classroom and on clinical rotations. Amy Cannella, MD, and Geoffrey Thiele, PhD, professor of rheumatology, co-direct three classroom blocks in the first and second years of medical school. In addition, all of the clinical faculty train medical students in the clinical settings during their third and fourth years, giving students important hands-on experiences in rheumatic diseases.
In science and research, it’s common practice to build upon the work and findings of others.

Ted Mikuls, MD, Umbach Professor of Rheumatology, said his biggest advantage is that he’s building on the discoveries of the guy who literally works next door.

Dr. Mikuls and Geoff Thiele, PhD, professor of rheumatology, have been earnest collaborators, and office neighbors, for a while now. “We’re always talking back and forth,” Dr. Mikuls said.

Dr. Mikuls treats patients with rheumatoid arthritis, or RA. But, he said, he realized early on the need to get back into the basic science to truly understand the disease.

Dr. Thiele is not only the guy next door but also someone who has done groundbreaking work on specific antibodies and autoimmune responses, and why the body, in trying to protect itself, sometimes attacks itself instead.
“Importantly, the mechanism(s) by which anti-CCP antibodies are initiated are poorly understood. Specifically, since all of us have citrullinated proteins (CCP) in our bodies, why is it that only RA patients have anti-CCP antibodies? In addition, the antibodies appear to correlate with disease severity and progression. How do these things occur, and what role is malondialdehyde-acetaldehyde (MAA) playing in this unique immune response?” asks Dr. Thiele.

The question: Is there a relation between these particular antibodies and the inflammation so characteristic of RA? Dr. Thiele thought so. And Dr. Mikuls came to agree.

Inflammation can actually be good, in certain circumstances. Antibodies, and our immune response, “is our body’s natural way of clearance,” Dr. Mikuls said. But this process also can go haywire and attack healthy tissue, leading to autoimmune conditions including RA.

Together, their research teams are studying the relationship between RA’s inflammation and a molecule called malondialdehyde-acetaldehyde (MAA). RA patients are “chock full” of MAA – and the teams began to ask if MAA attracted the antibodies which resulted in inflammation that led to RA.

Said Dr. Thiele: “Is MAA co-conspiring to drive the autoantibody responses that we see in RA?” The UNMC team believes it does. In joint and lung tissues from patients impacted with RA, we see that MAA resides in very close proximity to citrullinated proteins and autoreactive immune cells. This is a key observation, as MAA is known to promote immune responses to nearby antigens and anti-citrullinated protein immune responses are nearly exclusive to patients with RA.”

“We have pretty good data to suggest we’re on the right track,” Dr. Mikuls said.

In ongoing work funded by the VA, Drs. Mikuls and Thiele are focused on basic and early translational science, being conducted in human cell lines and animal models. Scientists might someday use this knowledge to develop a therapy to block this process. “You have to understand what the pathway is first before we can hope to target it effectively,” Dr. Mikuls said. And that’s what his team believes it’s starting to see.

That’s where Dr. Thiele’s previous work gives UNMC a head start. He and Lynell Klassen, MD, Grissom Professor of Internal Medicine, “paved the way... 20 years before me,” Dr. Mikuls said. “And, as a result, we’ve been able to run with it the way few other labs could.”

“We’re one of the few groups in the world working on MAA in rheumatoid arthritis,” he said.

The team, including Dr. Mikuls as primary investigator, Dr. Thiele and Bryant England, MD, PhD assistant professor of rheumatology, as co-principal investigators, has been awarded a $795,000 VA merit grant to study this further.

In time, they hope to better understand the basic building blocks of autoimmune inflammation and discover new approaches to treatment and prevention.
UNMC’s mentoring programs play an important role in providing undergraduate and medical students the opportunity to learn how to do scientific research.

In addition to helping advance science, the programs develop future researchers and academic medicine faculty, enhance medical students’ understanding and application of science throughout medical school and create a sense of belonging to a team.

Over the years, Ted Mikuls, MD, and Geoffrey Thiele, PhD, UNMC Department of Internal Medicine Division of Rheumatology and Immunology, have mentored dozens of students in the Summer Undergraduate Research Program (SURP) and the Enhanced Medical Education Track (EMET).

“It’s gratifying to watch students grow, assimilate and use knowledge,” Dr. Mikuls said. “Students jump in and help us move the science along. It’s mutually beneficial.”

In the UNMC Division of Rheumatology, the SURP and EMET programs expose undergraduate and medical students to research in autoimmunity.

During the summer, undergraduate students participate in the 10-week SURP program and become members of research teams, attend seminars, and discover firsthand the broad spectrum of research activities at UNMC. At the end of the summer, students present their work during a poster presentation session.

“SURP students hosted in the division of rheumatology and immunology routinely present their findings at national meetings in addition to serving as co-authors on publications,” Dr. Mikuls said.

The EMET program offers medical students an opportunity to do in-depth studies of an interdisciplinary field of medicine of interest and work with faculty mentors, residents and advanced students. They participate in
seminars, preceptorships on research throughout their first, second and third years. Fourth-year medical students produce a capstone project such as a poster or conference presentation.

There are currently eight EMET programs on the UNMC campus focused on aging and integrative medicine, autoimmune diseases, clinical educator, comprehensive HIV medicine, innovations in clinical care, medical humanities and arts, preventive medicine, and underserved health care.

Dr. Mikuls, professor of rheumatology and vice chair of research for the UNMC Department of Internal Medicine, directs the department’s SURP program, which hosts 20 student participants each year. “It’s a great experience,” he said. “These are largely students who have identified an interest in STEM careers and want to explore research.”

Applicants of the SURP and EMET programs are impressive and committed, he said. “The quality of the applications is amazing.”

Dr. Thiele agreed: “Even at this early stage in their training, the students have demonstrated an amazing capacity for learning, growth and commitment... they’re clearly leaders in their class.”

Interactions between EMET and SURP students, who often work side-by-side in the laboratory, result in an informal mentoring program with undergraduate students and medical students collaborating and forming peer networks. “You kind of have the ‘older sibling’ sort of teaching and peer mentoring,” Dr. Thiele said. “They work in the lab together and tag team on projects. Not all labs have them working together, but we have seen this interaction pay dividends.”

Dr. Thiele, researcher and professor in the UNMC Internal Medicine Division of Rheumatology and Immunology, directs the EMET program in autoimmunity. He has been a mentor for EMET students for almost 10 years.

“We try to get EMET students funded so they get paid for their summer experience,” Dr. Thiele said. “By the end of medical school the goal is to have a capstone project that includes at least an abstract or a poster presentation at the national meeting and a paper or two.”

The rheumatology department’s EMET program hosts three to five medical students on average in the summer between the first and second year of medical school, and med students who participate often return in their fourth year to do a research project.

During the past decade of his involvement in the programs, four students have participated in both the SURP and EMET programs, Dr. Thiele said.

The benefits are lasting, Dr. Mikuls said. “Students get immersed early to science,” he said. “The summer after their first year at med school they start to see the application of biology and chemistry in a real-life setting, as well as database research or clinical research that addresses real life questions. It’s another way of thinking critically.”

Students find EMET experiences invaluable

Evan Ryan is a third-year UNMC medical student who participated in EMET. He also worked as an undergraduate student in the SURP and Summer Undergraduate Alcohol Research Program (SUARP) programs.

“The autoimmune diseases EMET has provided me the opportunity to be intimately involved in all aspects of the scientific method,” he said. “I feel significantly more comfortable discussing research, presenting topics and analyzing data. While I love working with the faculty, my favorite part of the EMET is interacting with undergraduate students to help them cultivate their passion for research.”

Katherine Janike, a fourth-year medical student, said the EMET program helped her incorporate academic research throughout medical school. “I learned about rheumatologic diseases from experts in the field, gained knowledge on current academic research in rheumatology, and attended an academic conference to present my research. The experience was invaluable in developing my interest in being an academic physician, as well as introducing me to mentors who supported me in building my career in medicine.”

Through EMET, second-year medical student Ben Fletcher learned the processes that go into research and how it can be part of his career in medicine. “What I liked most was how involved I was in shaping my own experience. The team gave me direction, but when I had an idea or wanted to be involved in something, they were just as excited and helped make things happen.”

“When things didn’t always go as planned, which happens in research, they involved me in the problem-solving process which greatly enriched the experience. The culture of the rheumatology and immunology group gets students excited about being involved,” he said.

Third-year medical student Katherine Rentfro said the exposure to research through the EMET program provided opportunities to create research posters, abstracts and contribute to scientific publications.

“I had the chance to learn about rheumatology and immunology early on in medical school, which I really enjoyed. The early exposure contributed to my career interests and I am now planning to go into dermatology and focus on the skin manifestations of rheumatologic diseases.”
Rheumatic diseases almost always affect several different parts of the body, so patients often end up seeing multiple specialists. This can be confusing, time-consuming and frequently frustrating.

Multidisciplinary clinics benefit patients, specialists
“Patients can feel like they are getting bounced around and told different things,” said Bryant England, MD, PhD, assistant professor of rheumatology. Patients are not the only ones who need to keep track of numerous provider visits and tests, often in different health care systems. Specialists and providers must do so, too.

“It’s to the benefit of the clinic for the patient to see multiple specialists during the same visit,” said Jennifer Medlin, MD, assistant professor of rheumatology. To improve patient care, confidence and satisfaction in these situations, the UNMC Division of Rheumatology has co-established two multidisciplinary clinics:
- The Autoimmune Lung Disease Clinic, in collaboration with the UNMC Division of Pulmonary; and
- The Rheumatology/Dermatology Clinic, in collaboration with the UNMC Department of Dermatology.

These multidisciplinary clinics are especially helpful in rheumatology, where, “we deal with so many different organ systems,” Dr. Medlin said.

For example, hard-to-treat skin conditions could be due to underlying autoimmune diseases. Meanwhile, pulmonologists approach lung diseases from a lung perspective while rheumatologists approach them from an immune-system perspective.

Through these multidisciplinary clinics, each provider learns from the other respective specialty, as do the patients. Additionally, communication of the treatment plan and discussion of medical care decisions between providers is greatly enhanced.

Previously, “there were a lot of phone calls and communication, back and forth,” Dr. England said. “With a combined clinic, we can do all of this at the same time... and treat the whole patient at once. Providers enjoy it, and patients can walk away with answers and a plan for the next couple of months.”

The multidisciplinary clinics are structured to provide strong educational training. Residents and fellows have the unique opportunity to evaluate patients with conditions that cross multiple disciplines and to learn from both specialties at the point of care.

The multidisciplinary clinics also provide research opportunities, including clinical disease registries and biobanking. These efforts allow investigators to discover novel biomarkers or clinical parameters that are associated with better patient outcomes.

These clinics exemplify the tagline “Serious Medicine, Extraordinary Care.” “Multidisciplinary clinics provide cutting-edge care for patients with complex disease processes by bringing experts in multiple specialties together to discuss and determine treatment options,” explained Tina Mahajan, MD, assistant professor in Rheumatology.

Rheumatology/Dermatology Clinics are held the second and fourth Monday afternoon of each month in the Lauritzen Outpatient Center’s Dermatology Clinic. Autoimmune Lung Clinics are the first and third Thursdays of each month in the Durham Outpatient Center (fifth floor).
Study compares effectiveness of two gout medicines

A significant VA cooperative study to compare effectiveness of two gout medicines is now fully enrolled and showing interesting preliminary results, said principal investigator James O’Dell, MD, Stokes-Shackleford professor and chief of rheumatology and immunology.

Dr. O’Dell heads the four-year, $23 million study, which has enrollees at 19 VA sites nationwide, and at UNMC. The study compares the effectiveness of the drugs allopurinol and febuxostat. It took on greater importance in the past year, when the Food and Drug Administration (FDA) raised concerns about the cardiovascular safety of the latter drug.

But, “our study is showing terrific control with either drug, when titrated appropriately,” Dr. O’Dell said.

The direct comparison also is notable, not only because of the FDA concerns about febuxostat, but because a previous survey of 179 VA practitioners showed a preference for that drug. Allopurinol is more commonly used.

Gout, caused by a buildup of uric acid in the body, is the most common form of inflammatory arthritis in adults. It is associated with significant morbidity and mortality in older men, and is magnified in patients with chronic kidney disease (CKD).

In fact, Dr. O’Dell said, the prevalence of gout in patients with renal failure is upward of 30%.

But, this is the first study to include a substantial number of gout patients with kidney disease, Dr. O’Dell said.

About 350 of the study’s patients have kidney disease. “Comparative Effectiveness in Gout: Allopurinol vs. Febuxostat” enrolled a total of 950 patients, on time: “A truly remarkable feat,” Dr. O’Dell said.

Currently, 90% of patients with gout have problems with chronic gout. But, “this number should be less than 10% if properly managed,” he said. “Our study is showing that when these meds are used, approximately 99% of patients reach target uric acid levels.”

Initial results show this also is true for patients with kidney failure.

“We anticipate that our study will show that allopurinol and febuxostat are equally effective in lowering uric acid levels to the target range, and do so safely, even in those with significant renal impairment,” Dr. O’Dell said.

The last patient should finish the study in early 2021. This will be followed by an implementation study across the VA so that all patients can benefit from the results.

“We are hopeful this should result in relief from gout attacks in 90 percent of patients,” Dr. O’Dell said.
Study shows increased fracture risk in RA patients taking certain medications

Patients with rheumatoid arthritis (RA) who take opioids, selective serotonin reuptake inhibitors (SSRIs) or glucocorticoids have a higher risk of having a bone fracture, according to a study published in Annals of the Rheumatic Diseases and co-written by UNMC’s Kaleb Michaud, PhD, associate professor of rheumatology, and internal medicine resident Gulsen Ozen, MD.

Dr. Michaud is the senior author on the study, whose authors also include Sofia Pedro and Frederick Wolfe, MD, of FORWARD, The National Databank for Rheumatic Diseases.

The group drew from FORWARD, a databank co-directed by Drs. Michaud and Wolfe. The databank is made up of patient-reported information from people diagnosed with rheumatoid arthritis and many other rheumatic diseases. Reviewing information from more than 11,000 patients with RA, the study looked at disease-modifying antirheumatic drugs (DMARDS), proton-pump inhibitors, opioids, non-opioid analgesics such as Tylenol, psychotropic medications such as anti-depressants, glucocorticoid steroids and statins.

“We wanted to take a look at the possible fracture risk due to any of these drugs,” Dr. Michaud said. “Folks with rheumatoid arthritis have a lot of other conditions that come along, including increased risk for fracture - but we don’t know why. We usually assume it’s because of the steroids - the main side effects of which are you’re going to gain weight, lose sleep and get osteoporosis and subsequent fracture.”

But the study pointed to increased fracture risk due to other drugs, as well.

“There definitely was an increased risk of fracture with any dose of glucocorticoid steroids, when you’ve used them for three months or more,” Dr. Michaud said. “And this was dose-dependent, so the higher the dose, the greater the risk. The lowest dose has a 26% increase per year versus a 57% increase for higher doses.

“But we saw similar increases for any kind of use of opioids -- again, dose dependent. The stronger the opioid, the greater the risk and you had an increased risk within just one month of use. These drugs may be impacting the body’s ability to recreate or to tear down bone. But if you’re taking opioids, you may not be moving around as much, and therefore losing the strength in your muscles that you need to help protect your bones, as well. So, it might lead to a fall or overall worse structure of the bone.

“We also looked at SSRIs, which are commonly taken in the general population, let alone in RA, and we saw an increased risk there.”

Dr. Michaud and his collaborators hope that the study will be of help to physicians treating people with RA.

“This shows that not only is fracture increased due to just having RA, but also with some of the drugs you take for RA,” he said. “We’re getting a more concrete idea of how that risk is increased. We hope this will help re-caution physicians when they prescribe.”

About FORWARD

Founded in 1998, FORWARD — The National Databank for Rheumatic Diseases (formerly known as the NDB) — is the largest and longest running patient-reported research databank for rheumatic conditions in the nation.

Co-headquartered in Omaha at UNMC and Wichita, Kan., FORWARD works with patients, physicians, researchers, and industry to collect, catalog, analyze and share real-world data that advances knowledge about the causes, outcomes, costs, treatments and results of treatments related to rheumatic conditions in pursuit of one day identifying a cure.

“Having a comprehensive data set like this allows us to take into account not only what drugs people are taking and outcomes of interest, but things that we call ‘confounders,’” Dr. Michaud said. “These factors might include overall education, social demographics, how the disease activity is impacting them, and how it may be impacting what drugs they get prescribed.”

The user friendly website, www.forwarddatabank.org, features resources for patients, including stories about participants and links to FORWARD’s quarterly magazine, research groups and academic resources.

The website has a section dedicated to connecting researchers with decades of patient-reported data, assistance in designing clinical research studies and resources for researchers across the globe.

Finally, rheumatologists and other health care providers can partner with FORWARD to connect patients with the databank, as well as access the website to see what long-term studies are revealing about treatment methods and what patients are reporting about their diseases.

“FORWARD depends on its physician and health care provider partners to give patients a voice in research to improve the diagnosis, treatment and prevention of rheumatic diseases,” said Dr. Michaud.
NEW FACULTY

Bryant R. England, MD, PhD

Assistant Professor of Internal Medicine, Division of Rheumatology, UNMC
Assistant Professor of Internal Medicine, VA Nebraska-Western Iowa Health Care System, Omaha, NE

Research interests:

Dr. England is a clinician-investigator focused on improving long-term outcomes in rheumatoid arthritis (RA). He conducts clinical and epidemiologic research in RA-associated lung disease, cardiovascular disease, cancer, and multimorbidity using several large observational datasets. He also leads prospective studies in RA-associated lung disease and connective tissue disease-interstitial lung disease. Clinically, Dr. England focuses on the care of patients with inflammatory arthritis (including RA and gout) and incorporates the use of musculoskeletal ultrasound into the diagnosis and management of rheumatic diseases. He also directs the UNMC Autoimmune Lung Disease Clinic, a multi-specialty clinic that specializes in treating autoimmune lung diseases (e.g. RA-interstitial lung disease and other connective tissue disease-interstitial lung disease).

Jennifer L. Medlin, MD

Assistant Professor of Internal Medicine, Division of Rheumatology, UNMC
Assistant Professor of Internal Medicine, VA Nebraska-Western Iowa Health Care System, Omaha, NE

Research interests:
Systemic Lupus Erythematosus. Lupus Skin Disease.

Dr. Medlin, a UNMC medical school graduate, returned in 2018 after completing her fellowship in rheumatology at the University of North Carolina, Chapel Hill. Her main interests are in clinical rheumatology and clinical research. Dr. Medlin enjoys taking care of patients with a variety of rheumatic diseases, with a particular interest in lupus. She sees patients at the Brentwood, Village Pointe, Omaha VA and the Durham Outpatient Center locations. She serves as co-director of the rheumatology/dermatology clinic and director of the lupus clinic at UNMC’s main campus. Her research has evaluated the clinical differences between late-onset versus early-onset lupus with the goal of improving recognition of late-onset lupus to prevent delay in diagnosis. She also has an interest in the use of ultrasound for the diagnosis and treatment of arthritis.
UNMC rheumatology joins Twitter!

The Division of Rheumatology launched a page on the microblogging site Twitter in the fall of 2019 with the goal of better connecting patients, educators, research collaborators, and anyone interested in rheumatology.

“Twitter serves as an immediate opportunity to share our division’s accomplishments, cutting-edge research, and faculty with a wider audience in real-time,” says Tina Mahajan, MD, assistant professor in rheumatology.

The Twitter page augments our existing website (unmc.edu/intmed/divisions/rheum) with breaking news and faculty spotlights. The postings include links to relevant research in rheumatological disease and treatments, medical school education, information on our fellowship, and the newest feature – faculty spotlights. The faculty spotlights will highlight our faculty, letting readers learn more about the fantastic team that makes the division a success.

Join in the conversation!
Please follow, like, and connect with us at the Division of Rheumatology’s Twitter page @UNMC_Rheum.
Notable Achievements

Amy Cannella, MD, MS, RhMSUS
2016 Excellence in Basic Science Teaching Award Honoring the Pioneering Women in Medicine, UNMC
2016 – present Leader, ACR Musculoskeletal Ultrasound Fellowship Curriculum Workgroup
2017 – present Chair, American College of Rheumatology (ACR), Continuing Assessment, Review and Evaluation (CARE) Committee
2017 Induction into the Grand Island Senior High Hall of Honor
2018 Golden Apple Award, UNMC College of Medicine Class of 2021
2018 – present Treasurer, Ultrasound School of North American Rheumatologists (USSONAR) Board of Directors
2019 Top Teacher, UNMC Rheumatology Division Fellowship
2020 Internal Medicine Top Teacher – Silver Award
2020 Top Teacher, UNMC Rheumatology Division Fellowship
2020 Promoted to Professor

Bryant England, MD, PhD, RhMSUS
2016 – 2019 Project Lead, Rheumatoid Arthritis Disease Activity Measures Working Group, ACR
2017 – present Early Career Investigator Subcommittee, ACR
2017 New Invention Notification, UNeMed Innovation Awards
2017 Fellow Research Award, UNMC Internal Medicine
2017 Top Fellow Poster, UNMC Internal Medicine Poster Session
2017 Distinguished Fellow Award, ACR
2017 Top Teacher, UNMC Department of Internal Medicine
2018 – present Core Leadership Team, Rheumatoid Arthritis Treatment Guidelines, ACR
2018 Outstanding (top 5%) Reviewer for Arthritis Care & Research
2019 Co-Chair, 2019 ACR Annual Meeting Abstracts “Epidemiology & Public Health
2019 Outstanding (top 5%) Reviewer for Arthritis Care & Research
2019 Top Teacher, UNMC Internal Medicine
2019 Fellowship Top Teacher, UNMC Internal Medicine
2019 Top Reviewer, Annals of Internal Medicine

Alan Erickson, MD
2011 – present ACR Resident Education Committee
2014 – present Chair, Scholastic Evaluation Committee, UNMC
2017 – present ACR CARE Committee
2019 – present Association of American Medical Colleges (AAMC) Group on Student Affairs (CGS) Steering Committee

Michael Feely, MD
2015 – present International Myositis Assessment and Clinical Studies Workgroup Member
2019 – present ACR Annual Meeting Planning Committee Member
2019 Top Teacher Award, UNMC Internal Medicine

Michelene Hearth-Holmes, MD, MEd, RhMSUS
2017 Alpha Omega Alpha
2017 Top Teacher Award, UNMC Internal Medicine
2018 Top Teachers Award, UNMC Internal Medicine
2018 Top Teacher Award, UNMC Internal Medicine
2019 Top Teacher Award, UNMC Internal Medicine
2019 Top Teacher Award, UNMC Internal Medicine
2020 Bi-annual Systemic Lupus Erythematosus (SLE) Lectureship created in her honor

Lynell Klassen, MD
2019 Research Lifetime Achievement Award, UNMC Internal Medicine
2020 Top Teacher Platinum Award, UNMC Internal Medicine
Jennifer Medlin, MD
- 2018 - Appointed co-director, Rheumatology–Dermatology clinic, UNMC
- 2019 – present - Faculty Development Committee, UNMC
- 2019 – 2020 - ACR CARE Question Writer

Kaleb Michaud, PhD
- 2016 – 2018 - Co-Chair, ACR Clinical Research Conference
- 2017 – 2018 - Clinical Research Award, UNMC Internal Medicine
- 2017 – 2018 - UNMC Distinguished Scientist Award
- 2017 – 2018 - Associate Editor of ACR
- 2018 – present - Chair, Pilot Grant Review Committee, Center for Clinical and Translational Research

Ted Mikuls, MD, MSPH
- 2017 – 2018 - ACR, Quality of Care Committee
- 2018 - UNMC Academic Contributions of Excellence (ACE) in Faculty Development Award
- 2019 – 2020 - Top Teacher Award, UNMC Division of Rheumatology
- 2020 - Top Teacher Silver Award, UNMC Internal Medicine
- 2020 – present - Chair, ACR Scientific Advisor Council, Rheumatology Research Foundation
- 2020 – present - Chair, ACR COVID-19 Clinical Task Force

Gerald Moore, MD
- 2008 – present - Chair, Academic Deans’ Committee, UNMC
- 2020 - Top Teachers Platinum Award, UNMC Internal Medicine

James O’Dell, MD
- 2017 - Editor, Kelley & Firestein’s Textbook of Rheumatology, 10th Edition
- 2017 - Master, American College of Rheumatology
- 2017 - Master, American College of Physicians
- 2018 – present - Editor-in-Chief, Rheumatology Update
- 2018 - Alumni Achievement Award, Nebraska Alumni Association
- 2019 - UNMC Educator Laureate
- 2020 - Distinguished Service Award, Nebraska Alumni Association
- 2020 - Top Teacher Platinum Award, UNMC Internal Medicine
- 2020 - Top Teacher, UNMC Rheumatology Division Fellowship
- 2020 - ACR Presidential Gold Medal

Marcus Snow, MD
- 2016 – present - ACR Committee on Rheumatic Care (CORE) Member
- 2018 – present - President, Nebraska Rheumatology Society
- 2019 – present - Rheumatology Research Foundation Ambassador

Geoffrey Thiele, PhD
- 2018 - Asked to Hood the Class of 2018
- 2019 – present - President, UNMC Graduate School Alumni Executive Board
- 2020 - Top Teacher Gold Award, UNMC Internal Medicine


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